UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/P/L.8
16 March 1992
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1992 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

The Congo

The Executive Director recommends that the Executive Board approve the country programme of the Congo for the period 1992 to 1996 in the amount of $5 million from general resources, subject to the availability of funds, and $3,227,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The Congo is a potentially rich developing country. Its environment, its subsoil, and especially, its women and its men provide it with all the assets required for self-directed and sustainable development. The Congo is a "middle-income" country, outstripping many neighbours with a gross national product (GNP) per capita of $930. Despite these resources, no positive correlation exists between the indicators of the level of well-being of children and women and the country's level of wealth.

2. The pressure exerted by international banking institutions for the repayment of the Congo's external debt has compelled the Government to adopt severe economic adjustment measures. In order to reduce the budget deficit, it has sharply cut public expenditures. The resulting decrease in State revenues, and management difficulties, have affected the level of basic services and have led to the gradual impoverishment of Congolese society. Rural migration and the rise of the urban informal sector have accompanied this impoverishment, the impact of which has been intensified by unrealistic choices in the social sectors; specialized health units have been built at the expense of basic health care facilities, and the major portion of education budgets has been devoted to the university sector at the expense of basic education.

3. Despite stated espousal of primary health care (PHC), the Congo is not yet able to offer a really efficient health care system. While physical access to health care is satisfactory (83 per cent), and while the doctor-patient ratio is among the best in Africa (one doctor per 5,000 inhabitants), the accessibility of care is purely theoretical. Indeed, most health facilities do not have the equipment and drugs essential to satisfying the basic health needs of the population.

4. The under-five mortality rate is 110 per 1,000 live births, while the maternal mortality rate (MMR) is estimated at 900 per 100,000 live births. As a result of the expanded programme on immunization (EPI), the incidence of such diseases as whooping cough or measles has declined substantially; poliomyelitis and neonatal tetanus are even being eradicated. Currently, the principal child public health problems are malaria, diarrhoeal diseases, acute respiratory infections, acquired immune deficiency syndrome (AIDS) and tuberculosis.

5. Venereal diseases constitute nearly 50 per cent of the causes of infertility. Women represent 47 per cent of reported AIDS cases in the 20 to 50 years age group. The sentinel-site monitoring system has shown that in 1990, from 5 to 6 per cent of pregnant women in urban areas tested positive for the human immunodeficiency virus (HIV).

6. The safe drinking water supply, a crucial element in preventing disease and promoting health, is still insufficient. In 1987, barely 7 per cent of the rural and 42 per cent of the urban population had safe drinking water.

The sewage disposal system is far from able to satisfy the needs of the rapidly expanding urban population. A major investment effort is required in this sphere.

7. A study of the nutritional status of children, conducted in 1987, shows that, on average, 13 per cent of newborns have low birth weight. Four per cent of preschool-age children are thin, 17 per cent are underweight and more than 20 per cent show retarded growth. The highest prevalence of malnutrition is in the 3 to 24 months age group. The immediate causes of this are the premature feeding of weaning gruel and the family diet, the insufficient protein-caloric density of weaning food, and the toll taken by infections. On the other hand, breast-feeding continues at least up to 12 months of age.

8. Basic education is in a paradoxical situation: despite a primary enrolment rate of 100 per cent, the illiteracy rate among persons aged 15 years and older is 43 per cent; 56 per cent of illiterates are women. The average repetition rate at the primary level is 37 per cent. For every 1,000 pupils enrolled in the first year of the primary level, 750 will reach the sixth year, after an average of 11 years of schooling. Of these 750 pupils, only 562 will complete the primary level. The percentage of girls in school falls from 47.5 per cent at the primary level to 44 per cent in the first part of the secondary level, to 26 per cent in the second part of the secondary level, and to 17 per cent at the post-secondary level. Lastly, State expenditures per capita were 30 times higher at the post-secondary level than at the primary level. Preschool education is underdeveloped. Only 3 per cent of children in the relevant age group are enrolled; the curriculum is inappropriate and is taught by insufficiently qualified teachers.

9. The Congolese educational system is constrained by the lack of a clear policy backed by a level of resource allocation which is in keeping with the stated priorities. The consequences of this are teachers who are underqualified and in short supply, and classrooms which are dilapidated and few in number, resulting in overcrowding; likewise, there is a widespread shortage of teaching materials.

10. While the legislation in force provides for equality between men and women, the many roles which women play in society constitute obstacles to their full development. Women are mothers, producers, wives, teachers, students and workers, all at the same time. They are overburdened with domestic chores. Women represent 64 per cent of the workforce in agriculture and 69 per cent in retail trade. Each woman has an average of five children. Girls have access to schooling, but their retention rate is low as compared with that of boys. The political changes under way raise hopes for a substantial improvement in the status of women.

11. More than 60 per cent of the population lives in urban areas, and the four major cities (Brazzaville, Pointe Noire, Lonbomo and Nkayi) account for 52 per cent of the total population. This situation results from rural migration, which also leads to the ageing of the rural population and casts

doubt over the prospects for the development of the agricultural sector. This strong tendency towards urbanization is accompanied by the phenomenon of street children, which has been growing recently in the context of a socio-economic crisis, particularly in urban areas. The main categories which have been identified are street children, working children, child offenders under supervision, child drug users and girl prostitutes.

PROGRAMME COOPERATION, 1988-1991

Objectives and strategies

12. The 1988-1991 programme had the following aims: (a) to increase the immunization cover to 80 per cent and improving maternal and child health (MCH) surveillance; (b) to increase the number of beneficiaries, the quality and the accessibility of essential primary health care (PHC) services; (c) to reduce the frequency of waterborne diseases and the burden placed on women as carriers of water, by extending the drinking water supply; (d) to develop additional innovative activities and increase support for child survival and development (CSD) through the project on women, production, and integration into development.

Health

13. In May 1990, the Congo achieved the universal child immunization (UCI) target for Africa, by raising immunization coverage for each of the vaccines to 75 per cent. This achievement was made possible by the systematic incorporation of immunization activities into 160 health centres. These centres provided access for approximately 90 per cent of the population. With immunization costs of $22 per child ($2.40 for each correctly administered dose), the expanded programme on immunization (EPI) is nevertheless encountering a number of problems. Its ability to sustain those gains in the short term thus depends to a large extent on the continued provision of external assistance for all costs, except wages. Furthermore, the spread of measles epidemics, particularly in urban areas, necessitates the development of new immunization strategies. Finally, if poliomyelitis and neonatal tetanus are to be eradicated, an effective monitoring system is required.

14. The programme to combat diarrhoeal diseases has reached its accessibility targets. At present, 160 oral rehydration therapy (ORT) units are providing access for approximately 70 per cent of the population. There is still scope for improvement in ORT use, however, since only 25 per cent of the mothers of diarrhoea-affected children in urban areas are using this therapy. Forty-one per cent of diarrhoea cases are attended to at a health facility and 43 per cent of the children treated for diarrhoea are put on ORT (oral rehydration salts (ORS) or sugar and salt solutions). Among the children treated at home in urban areas, 16 per cent are on ORT (ORS or sugar and salt solutions). The constraints encountered include stock shortages in the ORT units, inadequate supervision of diarrhoea cases in the health centres and lack of measures to advise mothers on how to deal with diarrhoea. These

problems can all be solved through stricter management, more effective training and supervision and more dynamic social mobilization activities and by incorporating ORT in the integrated health centres operating on Bamako Initiative principles. Nevertheless, the continued viability of the project is affected by its heavy financial dependence on external aid for the majority of its costs, except those of health workers' wages.

15. The national malaria control policy, supported by UNICEF, is based on the early presumptive treatment of attacks of fever in children under five and pregnant women and on chemoprophylaxis with pregnant women. At present, 160 health centres are following the national policy, ensuring access for 70 per cent of the population. The rate of use is still below 25 per cent, however, because of the decision to target only children under five. In fact, there is very heavy demand from the adult population for a medicine which the State is hardly distributing any more to outlying centres. It seems essential to implement the national anti-malaria policy through health centres revitalized by the implementation of the Bamako Initiative. In addition, this national policy should be extended to prevention-related aspects, in particular, vector control and environmental sanitation.

16. The UNICEF contribution to the national AIDS programme formed part of the general campaign to reduce infant mortality. The activities programmed by UNICEF covered public information and education exercises, the training of paramedical staff and social instructors and counselling of HIV-positive women. The implementation rate has been satisfactory for information, education and communication (IEC) activities and for training exercises. The counselling activities have not developed in the manner envisaged, despite a study carried out by the Congo of the necessary conditions for the establishment of counselling centres. One constraint was the insufficiently decentralized management of the national AIDS programme, despite such praiseworthy initiatives as the creation of regional committees. Likewise, extensive efforts have been made to produce audio-visual materials, but there has been little evaluation of their impact. In addition, the IEC activities would benefit by being more specifically targeted at high-risk groups, for example, through measures to inform and mobilize school pupils and students on means of preventing AIDS and sexually transmitted diseases in general. An early detection policy particularly where pregnant women are concerned, is essential to the implementation of a care programme.

17. Congo's decision to follow the Bamako Initiative as a strategy for strengthening its health districts has necessitated a reorientation of the cooperation programme in the health sector. On a UNICEF initiative, a national workshop was held in July 1990 to study the means of implementing the Initiative. The recommendations arising from the workshop were used to draw up a plan of action for national health development for the period 1992-1996. Since then, all the multilateral and bilateral agencies have focused their health cooperation on this plan of action. The task of implementing the plan of action has been entrusted to a coordination group comprising representatives of the Ministry of Public Health and of the different multilateral and bilateral agencies.

18. The nutrition education project was taken over by UNICEF after the departure of the Cooperative of American Relief Everywhere (CARE) International in 1988. Funded from general resources until 1990, it has received funding from the French Fund for Aid and Cooperation (FAC) since 1991. A joint UNICEF/SAC assessment carried out in November 1990 led to the reformulation of the project. Under its new name (PAAN, or Project to Support Nutrition Activities), it is aimed at drawing up a nutrition policy for the benefit of preschool children, developing the necessary methods and tools for the implementation of this policy and implementing the various aspects of the policy in two areas, one urban fringe and the other rural. The project is planned to run until the end of 1992.

Water and sanitation

19. The execution rate of the project activities, which could have been higher, was hindered on the one hand by the lack of resources and on the other by a shortage of national expertise, particularly in the management of wells.

Women, production and integration

20. Throughout the entire cycle this project has received no additional funding. Its launching was made possible by general resource funding and it benefited from the increased limits in effect since 1989. As a result, the fulfilment level has fallen well short of the initial objectives.

The lessons of experience

21. Among the major lessons to be drawn from the execution of the programme is the need for greater integration of operational support activities (training, monitoring) in order to optimize costs, while permitting greater complementarity and coordinated action. The excessively vertical and restrictive nature of some health projects (to combat malaria, for example) causes them to lag behind the urgent restructuring of the health sector. Hence it is imperative to rethink disease control programmes within the overall context of the health system's rationalization and redeployment towards the periphery. To accomplish this, the national authorities must affirm their will to coordinate and integrate health system components with the activities of various cooperating groups.

22. Although the Government has taken appropriate CSD measures such as ratification of the Convention on the Rights of the Child, the resources allocated to the various implementing ministries are not always adequate to the level of commitment. The funds allocated to the health sector have been invested mainly in rehabilitation of large hospitals and in staff costs, rather than in optimizing the country's public health system operations. Advocacy should be continued at all levels for the establishment of essential mechanisms for decentralized monitoring of health care management. Furthermore, in terms of financing strategy, the difficulty in obtaining supplementary resources is of particular concern.

23. Evaluations and studies conducted during the programme implementation phase have not only helped to measure the successes, but also to identify constraints, with a view to reorienting strategies and improving the analysis of the situation. In future, special emphasis should be placed on limitations such as insufficient regional and local planning and execution capability, excessively centralized administration, inadequacy of coordination both within and between sectors, and inadequate follow-up and evaluation of execution and programming.

24. Nevertheless, some positive aspects were noted, such as the consolidation of health infrastructure (material and technical) which has made it possible to move ahead with the PHC activities, the possibilities offered by grass-roots organizations, rural women's groups in particular, in fostering community participation, the positive attitude of the media and artists and intellectuals towards social mobilization, and the effectiveness of the sentinel sites methodology, key elements in monitoring and evaluation.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $5,000,000
Supplementary funds: $3,227,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	3 129	1 803	4 932
Basic education	482	600	1 082
Advocacy	64	186	250
Social statistics	125	638	763
Programme support	1 200	-	1 200
Total	5 000	3 227	8 227

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme goals and objectives

25. The objectives were determined through a synthesis of national priorities and world-wide strategies and objectives for children and development for the 1990s. Their aim is to improve conditions for child survival and physical and intellectual development while providing protection to mothers. To achieve these objectives, during 1992-1996 the country will emphasize activities leading to: (a) a reduction in infant mortality from 69 to 40 per 1,000 live births; (b) a reduction in the MMR from 900 to 630 per 100,000 live births; (c) a reduction in the incidence of underweight preschool children from 17 per cent to 12 per cent; (d) a reduction in the number of low birth weight infants to less than 10 per cent; (e) a reduction in the school drop-out rate, especially among girls, through improvement in the quality and effectiveness of basic education, making it compatible with the requirements of education for life; and (f) an improvement in information networks and data collection.

Strategies

26. The proposed overall strategy derives from the Congo's social policy guidelines, particularly the Economic and Social Plan of Action (1990-1994), and the UNICEF medium-term plan. It advocates consideration of the social dimension of development in all short- and medium-term national plans, in application of post-Summit strategies to achieve the objectives for the 1990s and to ensure implementation of the Convention on the Rights of the Child.

27. The strategy is based on development and strengthening of sectoral effectiveness, and on local community participation supported by administrative decentralization favouring promotion and utilization of basic services and appropriate, effective and widely available techniques. In this context, strengthening of national institutional and operational capacity, a guarantee of the long-term credibility of an activity, will be a priority.

28. Programmes which are nation wide in scope, for example those dealing with health and basic education, will emphasize micro-planning and management. As a whole, the country programme represents a multisectoral unit for meeting children's overall needs. One of its components is development of the skills required for each project, in order to overcome the major differences encountered too frequently by sectoral departments responsible for providing services. In addition to health and basic education, the programme includes various activities designed to improve the information base on children nationally, regionally and peripherally, in particular the consolidation of a national statistical data base, the establishment of a monitoring system, and acquisition of effective management tools at the district level with a view to improving programme planning and execution.

Health

29. The strategy for this programme is based on two complementary and synergetic principles of action. An integrated approach was selected which is based operationally on PHC and promotes the Bamako Initiative strategy, which alone is deemed capable of delivering the entire range of basic health care services - prevention, cure and promotion - in a drive for community participation in cost recovery and resource management. UNICEF participation in strengthening the health districts will lead to an improvement in national capacity, thus guaranteeing medium-term and long-term sustainability of the activities undertaken. Likewise, maintenance and strengthening of the achievements of EPI and ORT will be taken into account in the next programme.

30. The project to strengthen the health districts aims at providing 40 per cent of the population of the Kouilou, Brazzaville, Lekoumou and Plateaux regions with a high-quality primary health care system delivering essential MCH, curative and promotional services. This project is part of a national government effort to provide 70 per cent of the total population with basic health care services by 1996, through the combined assistance of all donors. The approaches used in this project include effective decentralization of the health system according to the district model developed by the World Health Organization (WHO), integration of essential care into outlying health centres, reduction of costs to the minimum through regular supply, rational utilization and management of essential drugs and supplies, and finally, an effort to make the people take responsibility for their own health, through community financing of local non-salary recurring costs, direct resource management and community solidarity with the most disadvantaged. Upon completion of the cooperation programme, this project will have established 74 integrated health care centres.

31. The EPI project objective is to achieve and maintain an 85 per cent level of immunization coverage for 1-year-olds and a 90 per cent level of anti-tetanus immunization coverage for women of childbearing age. Thus, this project will make a direct contribution to the eradication of poliomyelitis and neonatal tetanus. The 160 fixed vaccination centres will be maintained in urban fringe areas and remote rural areas, and established activities will be complemented by advanced mobile strategies. UNICEF financial support will decrease progressively as the Bamako Initiative is implemented.

32. The ORT project aims for a 30 per cent reduction in the diarrhoea-related mortality rate in children under five. UNICEF support will strengthen ORT utilization through administration of ORS in oral rehydration units and the use of salt-sugar solution as a primary home treatment. As in the case of EPI, UNICEF financial support will diminish progressively as the Bamako Initiative is implemented.

Basic education

33. Under this programme, UNICEF will assist the Congolese Government, in collaboration with other partners, in identifying and implementing a re-modelled basic education policy. This will encourage decentralization and the strengthening of national capacity in educational planning and management, promote the extension and improvement of preschool education and help raise the quality of primary education. In order to achieve these goals, two projects will be implemented: a national capacity-strengthening project in educational planning and a project to develop a new teaching approach.

34. The first project is aimed at better management of the data essential for defining and assessing basic education policies. The project's activities will be based on a thorough preliminary analysis of the constraints on the current system and will include training and refresher courses for central planning staff in the country's 10 regions. This project will supplement the second project, in that the planning skills thus created can be directly used to identify and test different teaching approaches. The second project seeks to develop a teaching model, based on adapted primary and preschool programmes, which will promote the acquisition of functional knowledge by children and reduce dropout. This model should also provide a solution to the problem of decentralizing educational management, through the more active participation of parents' associations. The project will give particular attention to the education of girls, in order to reduce the differences observed between the sexes. It will have two stages: first, the selection and development of a teaching approach, then the testing of that approach in a regional education office. The suitability of the approach selected will be measured in terms of the knowledge and skills acquired, the reduced numbers of pupils repeating classes and the diminished disparity between boys and girls.

Advocacy

35. The advocacy programme aims at promoting the operational and institutional changes necessary to improve the situation of children and women in the Congo. Two programmes will be developed. The first will advocate the implementation of a national programme of action for children. It aims at mobilizing the necessary resources for the implementation of this programme, particularly with regard to the implementation of the Convention on the Rights of the Child. The project approach will be through training and information measures aimed at previously identified strategic targets. These strategic targets will be selected at different levels of interaction in Congolese society. The second project will consist of active advocacy measures to promote recognition of the activities and multiple roles of women in society and to ensure greater autonomy and accountability of Congolese women. The project will undertake primarily to identify socio-cultural and institutional barriers and will then carry out training and information measures aimed at strategic targets, comprising both those who are responsible for creating the barriers and those who are also capable of effecting change.

Monitoring and evaluation

36. This programme comprises two projects, the first of which aims at developing a planning and surveillance system for children in order to produce an annually updated analysis of their situation at the national level and in each region. This system will be decentralized in order to ensure the participation of districts and regions in the process of data compilation and analysis. All the main development sectors will be involved in the discussion exercise. Local authorities, universities, research institutes and non-governmental organizations (NGOs) will be both partners and beneficiaries of the system that is set up. The second project will undertake to strengthen national and local capacities to monitor the situation of children and women. UNICEF will support the establisment of data compilation and analysis units designed to give a fuller picture of the situation.

Programme support

37. UNICEF will maintain an office in the Congo with the technical and administration staff necessary to ensure efficient management of its cooperation with the Government. The office operating costs will be borne by UNICEF, except for those expenses arising from the logistic and technical maintenance of certain programmes and projects, which will be charged to the programme budget.

Cooperation with the other agencies

38. UNICEF will continue to maintain and to strengthen its working ties with the other institutions in order to attain the national goals set for the 1990s. In particular, the PHC strengthening measures require close cooperation with the United Nations Population Fund (UNFPA), the German Technical Cooperation Agency, the European Development Fund, the World Health Organization (WHO) and FAC. FAC, UNFPA and the World Bank will be the main partners for the educational programme. Regular meetings will be held with the other donors and joint missions will be organized to ensure the integration and complementarity of the activities in progress.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Congo	(1990 and earlier years)		UNICEF country classification
Under-five mortality rate	110	(1990)	High U5MR
Infant mortality rate	69	(1990)	High IMR
GNP per capita	$ 1010	(1990)	Lower-middle GNP
Total population	2271.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	55	75	87	105
Infant deaths (under 1)	(thousands)	5	6	7	7
Under-five deaths	(thousands)	9	10	11	12
Under-five mortality rate (per 1,000 live births)		159	132	122	110
Infant mortality rate (under 1) (per 1,000 live births)		100	83	77	69

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	24
	Severe	..	..
Babies with low birth weight (%, 1979/1987)		15	16*
% of primary school children reaching final grade (1980/1988)		74	71

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987)		97*/ 97*/ 85*	100*/ 98*/ 90*
Prevalence of wasting (%, 1980/1987)		..	13
Prevalence of stunting (%, 1980/1987)		..	33
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		110	113
Food production per capita index (Index 1979-1981=100, 1980/1990)		100	92
Household expenditure (% of total income, 1980-1985)	All food/cereals		42/ 19

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)			13
Access to health services	Total	..	83
(% of population, 1980/1985)	Urban/rural	../..	97/ 70
Access to safe water	Total	20*	38
(% of population, 1980/1988)	Urban/rural	40*/ 8*	92/ 2
Access to adequate sanitation	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../ ..
Births attended by trained personnel (%, 1980/1987)		..	..
Maternal mortality rate (per 100,000 live births, 1971/1986)		1000	900*

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	92	89	90
	DPT	42	54	79
	Polio	42	..	79
	Measles	49	67	75
Pregnant women (%) immunized against	Tetanus	..	..	60

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TABLE 1 (continued)

Congo

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	../ ..	../ ..
	Male	../ ..	../ ..
	Female	../ ..	../ ..
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	../ ..	../ ..
	Male	../ ..	../ ..
	Female	../ ..	../ ..
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	35	57
	Male/female	50/ 19	70/ 44
Radio/television sets (per 1,000 population, 1980/1988)		65/2	122/3

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	1263.0	1669.0	1939.0	2271.0	3167.0
Population aged 0-15 years	(Thousands)	..	692.9	927.1	1097.1	1557.6
Population aged 0-4 years	(Thousands)	..	266.6	359.9	427.3	599.3
Urban population (% of total)		33	36	38	40	47
Life expectancy at birth (years)	Total	46	50	52	54	58
	Male	43	47	49	51	55
	Female	48	52	54	56	60
Total fertility rate		6.2	6.3	6.3	6.3	6.1
Crude birth rate (per 1,000 population)		46	46	46	46	45
Crude death rate (per 1,000 population)		20	17	15	14	11

		About 1980	Most recent
Contraceptive prevalence rate (%, 1976/1987)		..	..
Population annual growth rate (%, 1965-1980/1980-1990)	Total	2.7	3.1
	Urban	3.5	4.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1990)		2.7	-0.2
Inflation rate (%, 1965-1980/1980-1989)		7	0
Population in absolute poverty (%, 1977/1988)	Urban/rural	../..	../ ..
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../ ..	../ ..
Government expenditure (% of total expenditure, 1980/1989)	Health/education	../ ..	../ ..
	Defence	..	..
Household expenditure (% of total income, 1980-1985)	Health/education		22/ 2
Official development assistance: (1980/1989)	US$ millions	71	91
	As % of GNP	5	4
Debt service (% of goods & services exports, 1980/1989)		9	23

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(In thousands of United States dollars)

COUNTRY: CONGO
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $2,225,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	752	411	238	158	10		553	324	1553	893	2446
Water supply and sanitation							4		4		4
Nutrition			25				174		199		199
Community organization and development	84	15	18		8		100	61	210	76	286
Women-centred programme							9		9		9
Planning and project support	50				702		258		1010		1010
Freight	22	41							22	41	63
GRAND TOTAL	908	467	281	158	720		1098	385	3007 a/	1010	4017

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations to fund unfunded supplementary funding and allocations from global funds.

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TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: CONGO Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	624	625	625	627	628	3129
	FSF	413					413
	NSF	366	328	350	417	342	1803
Education	GR	101	93	97	95	96	482
	NSF	350	63	63	62	62	600
Social mobilization and advocacy	GR	15	20	13	11	5	64
	NSF	51	33	37	35	30	186
Planning and social statistics	GR	25	25	25	25	25	125
	NSF	178	162	110	103	85	638
Programme support	GR	235	237	240	242	246	1200
TOTAL	GR	1000	1000	1000	1000	1000	5000
	FSF	413					413
	NSF	945	586	560	617	519	3227
GRAND TOTAL		2358	1586	1560	1617	1519	8640

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CONGO	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	3	718
Local national Professional and General Service established posts	9	735
Operating costs		621
Total	12	2074
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	211
Supplementary funds		
Local national Professional and General Service project posts		
General resources	5	300
Supplementary funds		
Total	6	511

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.

Annex

LIST OF STUDIES AND ASSESSMENTS

Studies

1988: Updated analysis of the situation.

Background study for the project on water and sanitation.

Background study for the project on women, production and integration into development.

Pilot study on mortality among young people.

1989: Study on missed opportunities for immunization.

Study for the implementation of the Bamako Initiative in pilot districts.

Study of the *in vivo* effectiveness of certain insecticides designed to impregnate mosquito netting.

Study of neonatal tetanus mortality.

1990: Analysis of the situation of children and women.

Knowledge, attitudes and practices of mothers with regard to child diarrhoea.

Study of the chemoresistance of *P. falciparum* to chloroquin.

1991: Extent of the nutritional impact of the economic crisis in the urban context (Brazzaville).

Study to measure the effectiveness of a labour curve.

Assessments

1988: Assessment of immunization coverage.

Assessment of activities and infrastructures related to maternal and child health.

1989: Assessment of immunization effectiveness.

Assessment of immunization coverage in Pointe Noire.

1990: Assessment of national immunization coverage.

Administrative assessment of the nutritional education project.

1991: International EPI survey.

Technical review of the nutrition education project.